

# **Department of Public Health**

## **EMPLOYEE TRAVEL AND REIMBURSEMENT GUIDELINE POLICY**

### **Overview**

The purpose of this guideline is to instruct DPH staff about the processes to follow when making work-related expenditures. This document describes in detail the processes for obtaining expenditure approvals and the role of the (POS) Purchase of Service and Accounting Departments in these processes.

### **Employee Reimbursement Forms**

Employee Reimbursement Forms are subject to close examination during departmental audits. To avoid potentially damaging audit findings, it is important that all Employee Reimbursement Forms be completed in compliance with the standards and rules set forth by the Commonwealth of Massachusetts and Department of Public Health.

The Department will only accept Employee Reimbursement Forms \* as documentation of incurred expenses. Only properly completed Forms will be processed for payment.

### **All Employee Reimbursement Forms must include the following information for processing:**

#### **Employee Information**

- All identifying information must be completed. The Employee's Name, Employee ID #, Official Headquarters, Home Address, Bargaining Unit, Federal or State Unit Code, Activity Code, and Regular Work Hours are to be completed. The Employee must also indicate whether she/he is a Consultant or State Employee.
- The account from which the reimbursement is to be paid must be indicated on the Employee Reimbursement Form.

#### **Mileage**

- The Employee must enter the dates of travel. The starting and ending point of each day's travel **must** be indicated in the description field **and** on the Purpose and Benefit sheet. Please enter the exact destination address(es) for the Mapquest documentation. If multiple stops are made, on a given day, the number of stops and destinations need to be indicated. For certain Staff to comply with HIPPA, put the closest town/city office to the client's address on the Mapquest documentation.
- Enter the number of miles traveled, amount will automatically calculate.
- Mileage reimbursement for Bargaining Units (1, 2, 3, 6, 7, 8, 9, and 10) and Consultants as of September 12, 2005 is \$0.40 per mile. Mileage reimbursement for Managers as of October 01, 2005 is \$0.40 per mile.

\* Employee Reimbursement Forms are found on HealthNet, under the More News and Announcements link or [Travel Forms from Accounting](#)

When requesting reimbursement for mileage, please keep in mind the

**SHORTEST POINT RULE.**

To conform to union contracts and Commonwealth guidelines on mileage reimbursement, the city or town; which is the shortest point to the destination; either home or official headquarters, must be used to calculate reimbursable mileage. It is for this reason that the employee's home address and official headquarters are required to appear on the reimbursement form.

Should a traveler choose to initiate travel from her/his home, although her/his official headquarters is actually closer to her/his destination, a clarification statement from the Supervisor **must** accompany the form. The form should always reflect correct starting and ending points.

The amount of reimbursable mileage should, however, be adjusted downward to reflect only the approximate mileage that the traveler is entitled to under the "shortest point rule." Accounting would prefer that staff provide, as documentation to the reimbursement form, Mapquest or a similar route based website to determine approximate reimbursable mileage, **not** a spreadsheet. On the form, please indicate "adjusted mileage." This will provide sufficient clarification to explain the variance. This principle also applies in reverse when travel status ends at home rather than official headquarters.

***Conformance with the shortest point rule is reviewed by the Accounting Office. Any discrepancies will be identified and addressed with the employee/consultant via the Coordinator.***

There are, however, **exceptions to the shortest point rule.**

If an employee/consultant is required to report to her/his official headquarters prior to initiating travel or required to return to her/his official headquarters after the conclusion of travel status, an employee is entitled to be reimbursed for mileage to and from his/her official headquarters, regardless of the "shortest point rule". If this situation arises, you must indicate on the reimbursement form, "to office prior" or "to office at conclusion." This will provide sufficient clarification of exception.

**Reimbursable costs associated with rental and private vehicles:**

- State Employees, in need of vehicles for Commonwealth business, must secure a rental car from Enterprise Rent-A-Car. The procedures for renting a vehicle can be found at [www.mass.gov/osd](http://www.mass.gov/osd).
- State Employees using Enterprise will be reimbursed for reasonable associated costs for **PARKING** and **TOLLS** with proper receipts and a **copy** of the **rental agreement**. The cost of **gasoline** will be reimbursed **only** if the car rental **exceeds** more than a daily rental, and/or if travel miles exceed more than normal, requiring the employee to pay for gasoline.

- However, if car rental usage **does not** exceed the normal daily rental and/or travel miles requiring additional gasoline, State Employees are to return the car to Enterprise **without** refueling the vehicle. In this case, Enterprise will include the cost of gasoline in the bill sent to the agency. **\*\*PLEASE REMEMBER TO CHECK THE FUEL GAUGE. ALL ENTERPRISE RENTALS ARE TO BE ISSUED TO STATE EMPLOYEES WITH A FULL GAS TANK.**
- **Tolls and parking\*** are reimbursable when a private vehicle is used for Managers as of July 01, 2005, Bargaining Units (1, 3, 6, 7, 8, 9, and 10) and Consultants as of July 10, 2005, and Bargaining Unit 2 as of September 12, 2005. As stated above, the Accounting office requires proper receipts or a copy of the monthly Fast Lane statement showing the tolls paid. If using a State Vehicle, the **plate number** must be referenced in the description section of the form. **Maximum** parking reimbursement is \$20.00 a day from any parking garage. \*See DPH Parking Policy

### **MBTA**

Receipts are not required. The reimbursement form should reference, **by day**, either **CharlieCard or CharlieTicket** used, as well as **all the "From/To" T stations and/or Bus Routes** in order for Accounting to verify the amount being reimbursed.

### **Meals**

All requests for meal allowance **must be justified** by indicating the starting and ending times of travel, as well as the traveler's regular work hours. This is to be indicated in the description field or on a separate attachment. **The allowable meal allowance, per union per meal, is attached.** Further stipulations, for meal allowances, are as follows:

On travel status **less than** 24 hours:

- Breakfast allowed if start time is 2 or more hours prior to start of normal workday
- Lunch allowance is **never** permitted
- Dinner allowed if end time is 2 or more hours after the end of normal workday

On travel status **more than** 24 hours:

- **On first day:**  
If travel begins before 6:00 am, breakfast, lunch and dinner are permitted  
If travel begins between 6:00 am and noon, lunch and dinner  
If travel begins after noontime, dinner only is reimbursable
- **On middle days** - breakfast, lunch and dinner are permitted
- **On last day:**  
If travel ends before noon, only breakfast is permitted  
If travel ends between Noon and 6:00pm, breakfast and lunch  
If travel ends after 6:00pm breakfast, lunch and dinner are permitted

***It is because of these rules that beginning and ending times of travel and normal workday hours are required.***

## **OUT OF STATE TRAVEL (TAF) GUIDELINES**

### **Processing Time**

- Per state regulations, out-of-state travel requests require **prior** authorization.
- Travel Authorization Forms (TAF) and Cover Sheets\* must be submitted no less than **4 weeks** prior to travel to allow sufficient time for the completion of the approval process. All requests are processed through the DPH Purchase of Service (POS) Office (250 Washington Street, 8<sup>th</sup> floor, Boston, MA 02108, Attention: Travel Request Desk) for specific reviews, approvals from the Budget Department, the Commissioner's Office and the Secretary's Office at EOHHS. Requests submitted after this timeframe must explain the reason for the late submission.
- EOHHS will send back all travel requests for dates that have already passed.

\*The TAF and Cover Sheet are found on HealthNet, under [dphinfo/forms/formsindex.htm](#). or [Travel Request Form Cover Sheet](#) and [Out of State Travel Request \(Form TAF\)](#)

### **Required Travel**

- Bureaus must use discretion in the number of individuals requesting authorization to attend the same event. A commonly accepted rule of practice is to allow 2-3, maximum, individuals to attend. Beyond 3 requires specific explanation for reason and purpose to attend.
- The travel request is more likely to be approved if the travel is required. "Required" means required by some outside agency, not suggested by the Bureau Director or Supervisor. For example, many grants mandate attendance at certain conferences. If continued funding is contingent on attendance at a meeting or conference, then that travel would be considered required.
- Conducting conference presentations and attending regional/national meetings are not considered valid justifications for travel.
- Justification letters should explicitly address the need to attend an event. Again, supporting documentation from the sponsoring organization is required. In instances where multiple Employees are attending the same event, every effort should be made to conserve costs (sharing rooms, transportation costs, etc).

### **Coverage of Expenses**

- A travel request is much more likely to be approved if an outside Agency will be paying the bill. Each travel request needs to indicate which agency will be covering the costs associated with the travel. When money for the expenses will be coming out of a Federal Grant, this means that it will be coming out of Federal monies in the Commonwealth budget. It is therefore **not** accurate to say that such travel is at no cost to the Commonwealth. Please indicate "No cost to the Commonwealth" only if funding is entirely provided by an outside entity (NIH, CDC, private company, etc.)
- If approved, covered expenses relate solely to the conference itself (no pre, post conference activity, committee/board meetings).
- If it is determined that an Employee may attend a conference for work-related reasons but will not be funded by DPH, an Employee may be allowed to attend on work time. A TAF must still be submitted.
- A TAF must also be submitted if an Employee is paying for her/his travel, using personal/vacation time **and** attending as a Department Employee.

### **Travel Request Submission Packet**

When submitting a travel request, it is not necessary to include the entire agenda of the conference or meeting. However, the packet must include the following:

- A ***Travel Budget Cover Sheet*** listing the Name and Bureau/Division of the traveler(s), the bureau travel liaison information, the main information for the travel and an indication of on which page in the submission packet the appropriate documentation may be found.
- A ***memo***, addressed to EOHHS and from **Chief of Staff**, to include a brief description of the traveler, the function to which they will be traveling, and the reasoning behind the request.
- A ***Travel Authorization Form*** (TAF) **signed by the traveler and the authorized Bureau Center Director \*(or listed designate)**. Please note to sign in the proper section of the TAF form (Director – section 9 and Traveler – section 13). The TAF needs to have an accurate breakdown of funding between private, state/federal, and personal funds.  
\*Note: Bureau Director may have designated someone else to sign in their place. The names of designates are on file in Purchase of Service (POS).
- ***Documentation that the travel is required.*** This should be a letter from the agency holding the meeting/conference or the agency administering the grant explicitly stating that attendance is required. A letter of invitation to the meeting/conference does **not** constitute proof that attendance is required.

- **Documentation detailing who will be paying for what.** This should be a letter from the agency sponsoring the trip explicitly stating which costs will be covered. If funding is from multiple sources, a specific breakdown of coverage of costs must be provided. Documentation must include the grant account number and an indication that funds are designated for this specific event.

### **Revisions to a previously submitted TAF**

- The information on the TAF needs to accurately reflect each person's travel. If changes need to be made, a revised travel request must be submitted.
- Changes to **dates**:  
If a traveler decides to stay over for extra days at their own cost, the revised TAF needs to indicate which days the traveler will be taking as vacation/personal time.  
If the dates of the conference/meeting change, a letter from the organizing entity must explicitly state the revised dates.
- Changes to **costs**:  
If travel expenses change from original estimates, a revised TAF reflecting the new estimates must be submitted with a short memo explaining the changes.  
Also attach a copy of the original request (particularly if it has already been approved). This will ensure timely processing of the revisions.

### **Travel In-State Overnight (TIS) Guidelines**

- The same criteria used for approval of out-of-state travel requests also apply to in-state travel overnight requests.
- DPH Travel In-State Forms (TIS) and Cover Sheets\* must be submitted no less than **2 weeks** prior to travel to allow sufficient time for the completion of the approval process. A brief description of the traveler, the reason for attending the meeting/conference, and why the travel is required (along with the appropriate back-up documentation). Even if all of a person's travel requests are mandated by the same clause, please resubmit the information with each travel request.
- All requests are processed through the DPH Purchase of Service (POS) Office (250 Washington Street, 8<sup>th</sup> floor, Boston, MA 02108, Attention: Travel Request Desk) for specific reviews, approvals from the Budget Department. The TIS, in this case, **does not need** Secretary's Office at EOHHS approval.

\*The Cover Sheet is found on HealthNet, under [dphinfo/forms/formsindex.htm](#). or **Travel Request Form Cover Sheet** and Travel In-State Overnight (TIS) will be available soon on HealthNet. Please see attached.

### **Employee Reimbursements**

- For **out-of-state travel or travel in-state overnight**, the **approved TAF, TIS, or Consultant Travel** form must be attached. In addition, receipts for airfare, hotel accommodations, and registration fees must be attached (photocopies acceptable). **IMPORTANT:** Total expenditures cannot exceed the TAF, TIS, or Consultant Travel Form approved amount. The beginning and end dates on the TAF, TIS, or Consultant Travel Form must coincide with the Employee Reimbursement Form.
- Each day's expenditures must be itemized separately

### **Hotel Costs**

- All hotel costs must **be itemized daily** and can include only room and tax.
- Other expenses must be clearly indicated and itemized daily (**receipts required**). Telephone calls for official business are reimbursable (form must indicate calls for official business). Reasonable tips for bellboys, chambermaids, etc., are reimbursable. Tips in association with meals are never permitted. Tipping should never be excessive.

### **Meal Allowances**

Please see previous description of meal allowances.

### **SIGNATURES**

- Employee/Consultant must **sign (use Blue pen)** certification.
- Supervisor of Employee/Consultant must **sign (use Blue pen)** indicating approval.
- Approving Authority must **sign (use Blue pen)** indicating approval.
- Employee Reimbursement Coordinator **prints** their name and ext. on the bottom of the voucher.

### **IMPORTANT THINGS TO REMEMBER on the following page**

### **THINGS TO REMEMBER:**

- The busy time of year for the Purchase of Service (POS) Department is April through July. Please keep these in mind when submitting TAF or TIS Forms and Cover Sheets as approval time may be delayed due to the increased volume of contract processing at the Closing/Opening of fiscal years.
- Employees should use public transportation whenever feasible. All employees should be diligent in choosing means of transportation that is the least expensive to the agency.
- Once a TAF is approved, and there is a change in the approved itinerary, ex. approved to fly, but want to drive instead, a **letter signed** by the **Bureau Center Director (Hospital CFO) must** accompany the TAF with the Employee Reimbursement Form. If a Center Director (Hospital CFO) approval letter is not received, the Reimbursement Form will be returned for proper documentation.
- **If an Employee or Consultant is to travel out-of-state for the day, on state business, a prior approved TAF must** accompany the Employee Reimbursement Form. Ex. Employee or Consultant attends a meeting in New Hampshire (NH), a **TAF must be approved** before going to the meeting). If a TAF is not received, the Reimbursement Form will be returned for proper documentation. (**Note:** Consultants must use the **Consultant Travel Form; which is attached**).
- Employee Reimbursements are processed through HR/CMS. Because of this, it is important for Reimbursement Forms to be submitted in a timely manner.
- An Employee Reimbursement Form, for an Employee leaving State Service or transferring to another State Agency, must be processed **prior** to their termination date.
- It is most important to remember that brief explanations appearing on the form or with attached separate documentation, such as, why Mapquest mileage does not match reimbursement mileage, provide the necessary clarification to satisfy any audit concerns.

Exceptions to general rules always arise and providing sufficient clarification eliminates the necessity to return a reimbursement form for justification statements.